

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 24 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37548

1. Corporation Name

**COLEE HAMMOCK HOMEOWNERS
ASSOCIATION, INC.**

2. Principal Office Address

**1701 BRICKELL DRIVE
FT. LAUDERDALE**

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

Zip

33301

Country

U.S.A.

3. Mailing Office Address

1701 BRICKELL DRIVE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

USA

REINSTATEMENT

97-01

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1990

5. FEI Number

65-0188810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT B. LOCHRIE, JR.

000003656960--6

Street Address (P.O. Box Number is Not Acceptable)

1701 BRICKELL DRIVE

-02/08/01--01005--017

******481.25 ****481.25**

Suite, Apt. #, Etc.

LS

City

FT. LAUDERDALE

State
FL

Zip Code

33301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Robert B. Lochrie Jr.

REGISTERED AGENT MUST SIGN

Date

Jan 22 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ROBERT B. LOCHRIE, JR.	1701 BRICKELL DRIVE	FT. LAUDERDALE, FL 33301
VP/D	SUSAN BRYAN	BRICKELL DRIVE	FT. LAUDERDALE, FL 33301
S/D	ANITA COLE	1629 S.E. 2ND CT.	FT. LAUDERDALE, FL 33301
T/D	PEGGY MCCORMACK	111 S.E. 17TH AVENUE	FT. LAUDERDALE, FL 33301
D	DEBORAH SCOTT	1620 S.E. 2ND CT	FT. LAUDERDALE, FL 33301
D	ANN SHUMPERT	1620 S.E. 4TH STREET	FT. LAUDERDALE, FL 33301

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Robert B. Lochrie Jr.

Jan 22 2001 (954) 525-8503

Date

Daytime Phone #